

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12453</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>MELVIN</u> <u>A</u> <u>CREMER</u> P O Box Bldg Room No if any _____ Street <u>1617 PALAMA STREET</u> City <u>HONOLULU</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817 3043</u>	4 Name file number and address of labor organization Name <u>LABORERS AFL CIO LOCAL 368</u> Labor Organization File Number <u>042-957</u> P O Box Building and Room Number if any _____ Street <u>1617 PALAMA STREET</u> City <u>HONOLULU</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817 3043</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Melvin A. Cremer*

On

08/15/2005

Date

(808) 841-5877

Telephone Number

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name **HAWAII LABORERS PENSION TRUST FUND**  
 Trade Name if any   
 P O Box Bldg Room No if any   
 Street **1221 KAPIOLANI BLVD SUITE 900**  
 City **HONOLULU**  
 State **Hawaii** ZIP Code + 4 **96814-3502**

**9** Business deals with

- ☒ a Labor Organization  
☐ b Trust  
☐ c Employer

**PENSION TRUST FUND**

**10** If 9 b or 9 c is checked give trust or employer's name

Name   
 Trade Name if any   
 P O Box, Bldg Room No if any   
 Street   
 City   
 State   
 ZIP Code + 4

**11 a** Nature of such dealing **FOR LABOR UNION MEMBERS**

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS

(SEE ATTACHED WORKSHEET)

**M.A.C.**

**11 b** Approximate dollar value of such dealing

**M.A.C.**  
**\$9,921**

**12 a** Nature of interest held or income received

**1**

**M.A.C.**

**M.A.C.**

**12 b** Amount

**\$9,921**

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name   
 Trade Name if any   
 P O Box Bldg Room No if any   
 Street   
 City   
 State   
 ZIP Code + 4

**14 a** Nature of payment.

**13 b** Is the Business an Employer ☐ or Consultant ☐ ?

**14 b** Amount of payment

**MELVIN CREMER - PENSION TRUST FUND**

<b>FUND</b>	<b>NAME OF CONFERENCE</b>	<b>TOTAL PAYMENTS</b>	<b>AMOUNT EXPENSED</b>	<b>AMOUNT REFUNDED</b>
Pension	Washington Legislative May 17 19 2004	\$ 8 435 00	\$ 5,189 88	\$ 3 245 12
Pension	Annual/Quarterly Meetings July 22 25 2004	\$ 437 50	\$ 393 89	\$ 43 61
Pension	Collection Procedures Institute March 8 10 2004	\$ 3 425 00	\$ 3,557 47	\$ (132 47)
Pension	Philippines Trip February 21 March 2 2004	\$ 2 050 00	\$ 779 44	\$ 1 270 56
<b>Total</b>		<b>\$ 14 347 50</b>	<b>\$ 9,920 68</b>	<b>\$ 4 426 82</b>

Name of Person Filing MELVIN CREMER

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name HAWAII LABORERS HEALTH &amp; WELFARE TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1221 KAPIOLANI BLVD SUITE 900

City HONOLULU

State Hawaii ZIP Code + 4 96814-3502

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing <sup>HEALTH & WELFARE</sup> TRUST FUND FOR LABOR UNION MEMBERS

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND ENTITLED TO ATTEND EDUCATIONAL CONFERENCES AND OTHER PLAN PARTICIPANT RELATED FUNCTIONS ON A FULLY REIMBURSED BASIS

(SEE ATTACHED WORKSHEET)

## 11 b Approximate dollar value of such dealing

~~-\$14,822~~

## 12 a Nature of interest held or income received

## 12 b Amount

# 14,822

**MELVIN CREMER - HEALTH AND WELFARE TRUST FUND**

<b>FUND</b>	<b>NAME OF CONFERENCE</b>	<b>TOTAL PAYMENTS</b>	<b>AMOUNT EXPENSED</b>	<b>AMOUNT REFUNDED</b>
H&W	LIUNA Tri Fund Conference January 18 - 22 2004	\$ 4 861 08	\$ 3,920 97	\$ 940 11
H&W	HUB Educational Trust Fund May 27 - 31 2004	\$ 2 755 00	\$ 2,236 08	\$ 518 92
H&W	Health Care Management November 15 - 17 2004	\$ 3 619 31	\$ 2 723 01	\$ 896 30
H&W	50th Annual Employee Benefits November 30 - December 4 2004	\$ 7 901 00	\$ 4 769 09	\$ 3 131 91
H&W	Philippines Trip February 21 - March 2 2004	\$ 2 050 00	\$ 779 43	\$ 1 270 57
H&W	Annual/Quarterly Meetings July 22 - 25 2004	\$ 437 50	\$ 393 90	\$ 43 60
<b>Total</b>		<b>\$ 21 623 89</b>	<b>\$ 14,822 48</b>	<b>\$ 6,801 41</b>

Name of Person Filing MELVIN CREMER

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name ROBECO INVESTMENT MANAGEMENT

Trade Name if any

P O Box Bldg Room No if any

Street FORT STREET MALL

City HONOLULU

State HAWAII

ZIP Code + 4 96813

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name HAWAII LABORERS PENSION TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1221 KAPIOLANI BLVD SUITE 900

City HONOLULU

State Hawaii

ZIP Code + 4 96814 3502

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 11 a Nature of such dealing

INVESTMENT MANAGER TO  
PENSION TRUST FUND

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND

(SEE ATTACHED WORKSHEET)

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

## 12 b Amount

\$50.00

Name of Person Filing MELVIN CREMER

File Number U

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name ROBELO INVESTMENT MANAGEMENT

Trade Name if any

P O Box Bldg Room No if any

Street FORT STREET MAIL

City HONOLULU

State HAWAII ZIP Code + 4 96813

## 10 If 9 b or 9 c is checked give trust or employer's name

Name HAWAII LABORERS HEALTH &amp; WELFARE TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1221 KAPIOLANI BLVD SUITE 900

City HONOLULU

State Hawaii ZIP Code + 4 96814 3502

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 11 a Nature of such dealing

INVESTMENT MANAGER TO  
HEALTH & WELFARE FUND

PERSON FILING IS TRUSTEE ON BOARD OF NAMED TRUST FUND

(SEE ATTACHED WORKSHEET)

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

## 12 b Amount

\$100 00

## LM-10 / LM-30 Confirmation Worksheet

	<u>Description of Item(s) Given</u>	<u>Date Given</u>	<u>Total Cost of Items Given</u>	<u>Comment(s)</u>
P	Dinner Meeting – BPAM Update Chinoiis – Santa Monica, Ca	3/8/2004	\$500 00	Records can not determine specific food ordered and total number of guests in attendance
	<del>Dinner Meeting – BPAM Update Samurai – Lake Tahoe, Ca</del> DID NOT ATTEND MAC	6/15/2004	\$500 00	Records can not determine specific food ordered and total number of guests in attendance
H/w	Dinner Meeting – BPAM Update Chianti – Monterey, Ca	11/15/2004	\$356 55	Records can not determine specific food ordered and total number of guests in attendance
H/w	Dinner Meeting – Robeco Update Peninsula - Monterey	11/162004	\$496 22	Records can not determine specific food ordered and total number of guests in attendance